U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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F	or Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 327/	2. Fiscal Year Covered From:
	1/1/2004 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Donna - Georgallos	Name Interntional Adociation y Madrit
J	Labor Organization File Number 000/01
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 16515 Hurbour Jown Mive	Street 9000 Machinists Place
City Silver Spring	City upper Marlbro
State Mary and ZIP Code + 4 20905: 40	12 State M my land ZIP Code +4 20772.2689
5. Position in labor organization. Communication	5 Representative
Enter appropriate data below if, during the past fiscal year, you or you (except as specified in the	ur spouse or minor child directly or indirectly had any of the following interests e exclusions set forth in the instructions):
monetary value from an employer whose employees your organ	
monetary value from an employer whose employees your organ	nization represents or is actively seeking to represent.
monetary value from an employer whose employees your organ 6. Name and address of Employer (including trade name, if any).	nization represents or is actively seeking to represent.
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Name of Person Filing Donn Georgalles		File Number U- 20	. / /
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	5	
8. Name and address of Business (Including trade name, if any). Name Kully Pres Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1701 Cabin Bunch Drive City Cheverly State Mayland ZIP Code + 4 20785.3820	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Dinna - Tratorin Roma Restaural # 55.00 9-14-04 Dinner - Jeff Ruby's Restaural #55.00 9-24-04		
Street	11.b. Approximate dollar valu	e of such dealing.	3110.60
City	12.a. Nature of interest held		Egit of the Principles of the Conference of the
State ZIP Code + 4			
	12.b. Amount.	The state of the state of contract of the state of the st	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).			
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			de un mande de la companya de la com
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.		